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ABSTRACT

This experiment assesses the effects on initial expectancies of time-limited (12 sessions) counseling, of the interaction of time limits with the chronicity of the client's problem, and of the rationale given for time limits (time limits effective/appropriate vs. a long waiting list). Eighty female college students were asked to place themselves in the role of a client they saw interacting with a counselor on film. Pre- and post-film written material manipulated the independent variables. Findings suggest that subjects in the chronic (vs. acute) problem condition have the most negative expectancies for the counseling relationship and outcome when the counseling is time-limited (vs. unlimited). While the rationale for time limits do not affect the primary dependent variables, post hoc analyses of subjects' essay responses indicate that the "waiting-list" rationale stimulates more negative expectancies than the "time-limits-effective/appropriate" rationale. Contrary to predictions, time limits do not affect subjects' expectancies for client activity and responsibility and for counselor activity. (Author)

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INITIAL CLIENT EXPECTANCIES IN TIME-LIMITED COUNSELING

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The computer time for this study was supplied through the facilities of the Computer Science Center of the University of Maryland.

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SUMMARY

This experiment assessed the effects on initial expectancies of whether counseling was time limited (12 sessions), of the interaction of time limits with the chronicity of the client's problem, and of the rationale given for time limits (time limits effective/appropriate vs. a long waiting list). Eighty female college students were asked to place themselves into the role of a client they saw interacting with a counselor on film. Pre and post film written material manipulated the independent variables. It was found that subjects in the chronic (vs. acute) problem condition had the most negative expectancies for the counseling relationship and outcome when the counseling was time-limited (vs. unlimited). While the rationale for time limits did not affect the primary dependent variables, post hoc analyses of subjects essay responses indicated that the "waiting-list" rationale stimulated more negative expectancies than the "time-limits-effective/appropriate" rationale. Contrary to predictions, time limits did not affect subjects' expectancies for client activity and responsibility and for counselor activity.

Initial Client Expectancies in Time-Limited Counseling

Long waiting lists have been a perennial problem in mental health agencies of all types (Collins, Gelso, Kimball & Sedlacek, 1973). One method of dealing with the waiting list problem is to limit the duration of treatment. Research on temporal factors in open-ended therapy and counseling, however, suggests that duration of treatment is positively related to outcome (Luborsky, Chandler, Auerbach, Cohen & Bachrach, 1971). At the same time there exists fragmentary evidence that the typical relationship of duration to outcome does not accrue when the counselor establishes time limits in the initial treatment phase. Thus, time-limited counseling appears to be at least as effective as time-unlimited counseling (Henry & Shlien, 1958; Muench, 1965; Munro & Bach, 1975; Shlien, Mosak & Dreikurs, 1962).

While preliminary evidence on the effects of time limits is quite positive, and although the general topic has been labeled a "natural" for research appraisal (Meltzoff & Kornreich, 1970), a paucity of research exists on a number of crucial aspects of time-limited counseling. For example, theory consistently suggests that time limits encourage increased client activity and responsibility taking, as well as greater therapist activity (Hoch, 1972; Monroe, 1955; Rank, 1945; Sifneos, 1970; Taft, 1933; Wolberg, 1965). This bit of clinical theory, however, has never been tested empirically. At the same time, we know very little about just how a counselor should justify time limits to a client. Impressionistic data (Henry & Shlien, 1958) suggest that when therapists use the rationale for a long agency waiting list, clients feel abandoned and resentful

after therapy. Gelso (Note 1), recognizing the potential influence of the rationale for time limits, recommended that counselors inform clients that time limits were being employed because the counselor believed they were helpful. Finally, we also know very little about how client variables influence process and outcome in time-limited vs. open-ended work. It is reasonably clear that the more chronic a client's problem, the poorer the prognosis (e.g., Morrow & Robbins, 1964; Thorley & Craske, 1950; Uhlenhuth & Duncan, 1968). Relatedly, clinical literature suggests that, while in general time-limited work is effective, clients who view their problems with an historical perspective (those diagnosed as chronic) react negatively to time limits (Gottschalk, Mayerson, & Gottlieb, 1967; McGuire, 1965).

Along a somewhat different vein, Goldstein (1962) has suggested that a crucial vehicle through which time limits affect counseling is that of client expectancies. Thus, the present experiment, as part of a research program on time-limited counseling (Gelso, Notes 1 & 2; Keilson, Notes 3 & 4), sought to illuminat the effects of time limits and related variables (rationale for time limits, chronicity of client problem) on client expectancies. The other studies in our time-limited counseling research program were being conducted in a clinical-field setting. We chose a laboratory-analogue situation for the present experiment, however, because the laboratory setting permitted us to examine with precision some questions that could not readily be studied in the clinic, and to study in a controlled manner other questions that we were also studying in the more diffuse clinical field situation.

Specifically, three hypotheses were advanced: (a) The use of time limits will increase client-subjects' expectancies for client activity and responsibility-taking, as well as for counselor activity; (b) Client-subjects given the

rationale that time limits are effective will have more positive outcome and client-counselor relationship expectancies than will client-subjects given the rationale of a long waiting list; (c) Time limits and client chronicity will interact such that client-subjects with "acute" problems will have more positive outcome and relationship expectancies for time-limited counseling, while those with "chronic" problems will have more positive expectancies for open-ended counseling.

Method

Subjects

The subjects were 80 females enrolled in an introductory psychology course at a public university in the East. Subjects received extra course credit for participation. The modal subject was 18 years old (range from 18 - 24) and a freshman (50%). The subject sign-up sheet in no way identified the nature of the experiment.

Stimulus Material

The stimulus material consisted of a 10 minute videotape of a simulated interview between a female counselor (26 year old Ph.D. counseling psychologist) and a female confederate client (22 year old senior). The client confederate familiarized herself with a list of symptoms (depression, anxiety, low self-esteem, and submissive-deferential reactions to others) and then role played a client with those symptoms. The counselor's style might best be characterized as client-centered/reflective. No cues were given in the videotape regarding length of treatment or the chronicity of the client's problem.

Procedure

The experiment contained three independent variables: time limits (12 session limit vs. no time limits), chronicity of problem (chronic vs. acute) and

rationale for time limits (effectiveness/appropriate of limits vs. long waiting list). Subjects were run in groups of 5 - 10, and the treatment-combination cell they were assigned to was determined by the content of written material they were required to read before and after the tape. Assignment was made on a random basis.

Upon arrival for the experiment, the experimenter introduced the videotape as "an early part of the first session between a therapist and client". It was stressed here that subjects should put themselves into the client's place when viewing the session. Under the guise of further familiarizing subjects with the interview session, subje read written materials before and after viewing the tape. The pre-tape mate nipulated the chronicity variable. Subjects in the acute condition read that the client's problem had essentially a one-week history and onset, while those in the chronic condition read that the filmed client's problem had a several year history, although its precipitant occurred one week previously. In both conditions the precipitant for seeking counseling was a crisis generated by a breakup with a boyfriend. In the chronic condition, subjects read that the client suffered from depression, a sense of inferiority and low self-esteem for "a long, long time", and for several years was on the verge of seeing a therapist. In the acute condition, subjects read that the client had these same feelings but they just began about a week ago.

It should be noted that although the length of the problem's history was the variable of interest, subjects are apt to view a chronic problem as both lasting longer and being more severe than an acute problem. To hold perceived severity constant across conditions, the symptoms of the acute condition were made to sound more severe than these same symptoms in the chronic condition, e.g., in the acute condition the client indicated that she felt deeply depressed and uneasy while in the chronic condition she felt depressed and uneasy.

After viewing the tape, subjects read materials that manipulated the time limit and rationale variables. Subjects in the time-limited counseling condition read that the therapist asked the client to agree to a 12 session limit, one hour per week. Those in the open-ended condition read only that counseling would be one hourly session per week. It should be noted that a 12 session limit was chosen on this study because it is a typical limit for various time-limited approaches (e.g., Mann, 1973; Patterson & O'Sullivan, 1974), because it complies fairly well with the length of a school semester, and because other studies on time-limited counseling have used limits in the vicinity of 12 (e.g., Gelso, Note 1; Keilson, Note 3; Munro & Bach, 1975).

The rationale variable was manipulated by having subjects in the "waiting list" condition read that the therapist said she wanted to use a time limit because of a long waiting list of people wanting counseling. In the "time limits effective" condition, subjects read that the therapist told the client she wanted to set a time limit because she believed it was effective and appropriate.

Within this three factor design, the factors of Time Limits (12 session limit vs. no limit) and Chronicity of Problem (chronicity vs. acute) were completely crossed with each other. The Rationale for Time Limits factor, however, did not cross with Time Limits, i.e., only subjects in the 12 session condition could be given a rationale for a time limit. Thus, 20 subjects were randomly assigned to each of the four Time Limits X Chronicity cells (n = 80). Then, the 40 subjects who were given a time limit were randomly assigned to one of the two Rationale for Time Limits conditions (waiting list vs. time limits effective/appropriate.

Dependent Variables and Measures

After reading the pre-film material, viewing the videotape, and reading the post-tape materials, clients completed a packet of instruments (order counterbalanced within each treatment combination cell). Subjects completed all instruments in terms of how they would expect to feel if they had been the client in the counseling situation just depicted and would continue for the duration of the session depicted, and for whatever other sessions they wanted to attend. Instruments are briefly described below under the headings of relationship, activity and responsibility, and outcome expectancies.

Relationship expectancies. The Relationship Inventory (Barrett-Lennard, (1962), was modified to apply to initial expectancies. This is a widely used instrument (64 items) designed to measure the counselor attitudes of empathy, congruence, and level and unconditionality of regard. The Inventory was devised to tap clients' perceptions of the extent to which therapists possess Rogers' necessary and sufficient conditions.

Activity and responsibility expectancies. Subjects' expectancies for therapist and client activity during counseling were measured with semantic differentials in which subjects rated the concepts of expected client and therapist activity on five bipolar objective scales. Scales were developed by selecting from 25 objective pairs rated as pertinent to psychotherapy (Mills, 1970) those five pairs which three advanced counseling psychology graduate students judged as most pertinent to therapist and client activity. For expected therapist activity, the scales were expressive-constricted, closed-open, relating-distant, mature-immature, and deep-shallow. For expected client activity, scales were constrained-free, relating-distant, closed-open, expressive-constricted, frustrated-content.

Expectancies for client responsibility were assessed by the degree of subject agreement with five statements reflecting how much the client takes responsibility (vs. depends on counselor) for making decisions and changes. Subjects responded to the statements on 7 point scales, with anchors ranging from "very much agree" to "very much disagree". This questionnaire was developed by first selecting from the Perception of Counseling Inventory (Volsky, Magoon, Norman, & Hoyt, 1965), 15 statements the authors felt reflected client responsibility. The five statements finally selected were those ranked by three advanced counseling psychology graduate students as most pertinent to client responsibility.

Outcome expectancies. Subjects completed the Self Acceptance Scale (Phillips, 1951) in terms of how they would expect to feel following counseling. The Scale contains 25 statements that purport to reflect self acceptance, and subjects respond in terms of their degree of agreement with each statement (5 point scale). Robinson and Shaver (1974) list research reporting high reliability and validity for the Scale.

Subjects' expectancies (a) of satisfaction with length of counseling, (b) with being helped in a way they wanted or needed to be helped, and (c) of comfort with ending counseling were measured by three seven point scales. These scales were patterned after those utilized by Gelso (Note 1).

Results

To determine if the independent variables were successfully manipulated, subjects responded to a feedback questionnaire following completion of the criterion measures. All but one subject were able to identify correctly whether

they were in the time-limited condition and the rationale for time limits. Also, those in the chronic condition rated the client's problem as having a much longer history than those in the acute condition ($\bar{X}$'s for chronics and acutes = 5.33 vs. 2.93 respectively, where 7 = extremely long and 1 = extremely short history, $p < .001$). As hoped for, however, subjects in the acute vs. chronic condition did not approach differing significantly in their judgements of the severity of the client's problems ($\bar{X}$'s = 2.98 vs. 2.63 for the chronics and acutes respectively). These data indicate with a high degree of certainty that the desired manipulations occurred. Finally, no subject was able to guess the purpose of the experiment.

For each dependent variable, two-2way analyses of variance were performed, one being a Time Limits X Chronicity analysis, and the other a Chronicity X Rationale analysis. Our first hypothesis stated that, "The use of time limits will increase client-subjects' initial expectancies for client activity and responsibility, and for counselor activity". For the Time Limits X Chronicity analyses, the main effects of Time Limits on the three relevant scales (Client Activity, Client Responsibility, Counselor Activity) did not approach statistical significance. As can be seen in Table 1, the differences between subjects in the time-limited vs. time-unlimited conditions is miniscule.

Insert Table 1 about here

The second hypothesis indicates that, "Client-subjects given the rationale for time limits that they are effective/appropriate will have more positive relationship and outcome expectancies than will client-subjects given the rationale of a long waiting list". The main effects of the Rationale factor from our Chronicity X Rationale ANOVA's is the effect relevant to this hypothesis. Table 2 presents the results of that analysis for each relevant dependent variable.

Insert Table 2 about here

Table 2 indicates that the "time-limits-are-effective" rationale did not differ significantly from the "waiting list" rationale on any variable. The difference between these rationales, however, did approach significance on the Effect of Counseling scale, i.e., "Are you expecting counseling to help you in the way you want or need to be helped?"

The final hypothesis stated that, "Time limits and chronicity will interact such that client-subjects with "acute" problems will have more positive outcome and relationship expectancies for time-limited counseling, while those with "chronic" problems will have more positive expectancies for open-ended counseling". The relevant analysis here was the interaction effects from our Time Limits X Chronicity ANOVA's on the outcome and relationship measures. Table 3 indicates that these interactions attain or approach significance on all relationship measures. Significance was also obtained on the Effect of Counseling scale ("Are you expecting counseling to help you in the way you want or need to be helped?") and was approached on the Length of Counseling scale ("Are you expecting counseling to last long enough to help you in the way you want or need to be helped?").

Insert Table 3 about here

Newman-Keuls post hoc tests on the significant interactions indicated that in no case were differences between time-limited and unlimited conditions significant for subjects in the acute condition. In the chronic condition, however, subjects with the time-unlimited set obtained significantly higher expectancy

scores than those in the time-limited condition on Level of Regard (.01), Empathic Understanding (.05), and Unconditionality (.05). While in the same direction, the comparison on the Effect of Counseling scale did not attain significance.

In addition to direct hypothesis tests, the analyses permitted examination of main and interaction effects of our three independent variables on all dependent variables. In summary, it was found that subjects in the time-unlimited condition had more positive relationship expectancies than those in the unlimited condition on Levels of Regard (.01), Empathic Understanding (.05), Unconditionality (.10), and Congruence (.10). These main effects of time limits are deceptive, however, since the interactions noted above indicate that these effects are accounted for by the fact that subjects in the Chronic (but not the Acute) condition possessed the negative expectancies regarding time-limited counseling.

Finally, on nearly all of our relationship and outcome measures, subjects in the Acute condition possessed more positive expectancies (attaining or approaching the .05 level) than those in the Chronic condition. None of the remaining comparisons (other than those noted above) attained statistical significance.

Discussion

Inspection of the means from our Time Limits X Client Chronicity interactions suggests that, by and large, these effects were a function of depressed scores of subjects in the chronic condition given a time-limited counseling set. Thus, when given a typical time limit (12 sessions), females asked to project themselves into the role of a client whose problems have a chronic (vs. acute) quality tend to expect a more negative therapeutic relationship and, accordingly, seem to expect more negative outcomes. When problems have a very recent history, however, client expectancies are equally positive for time-limited and unlimited counseling.

While caution must be exercised in extrapolating the above findings directly to the counseling setting, it should be noted that earlier-cited clinical impressions as well as some clinical research are consistent with the results. A central implication of these results is that counselors need to give careful thought to the use of time-limited approaches with clients suffering from chronic problems. If such approaches are to be used at all with these clients, the issue of employing time limits should be dealt with and hopefully resolved early in treatment. The counselor may need to exert special effort to establish and maintain a positive counselor-client relationship.

The lack of influence of time limits on initial expectancies for client and counselor activity and for client responsibility raises questions about why so many theorists consider these variables so central in time-limited approaches. A tenable explanation of this apparent discrepancy is that clients' awareness of variables such as activity and responsibility is fostered by the counselor's own expectancies. The counselor may be more likely than the client to possess these expectancies in the initial stage of counseling, since it is the counselor who has prior knowledge about and experience with time-limits. A related explanation is that it simply takes some time for the client to be affected by time limits (independent of the effect on the client through the counselor's expectancies). Such effects do not become manifest when the client is first informed of the time limits.

Failure of the rationale used for time limits to affect expectancies was surprising. The most parsimonious explanation for this result is simply that the rationale used for time limits is not important to clients. An alternative explanation is suggested by the Henry and Shlien (1958) notion that the detrimental effects of a "waiting list" rationale in their study were not evident until

after the development of the counselor-client relationship, when the formerly impersonal rationale became personal. Since the rationale for time limits is still likely to be impersonal after an initial session, the potential negative effects might not be evident.

A modification of the Henry and Shlien notion is supported by subjects' responses to our post-experiment feedback questionnaire. Eight of the 20 subjects given the "long-waiting-list" rationale made some form of derogatory statement about counseling on three open-ended questions aimed at collecting additional information on expectancies. Typical comments were that subjects felt constricted or turned off by time limits. Only one of the 20 subjects given the "time-limits-are-effective/appropriate" rationale, however, made negative comments (X^2 of the difference in frequencies = 7.03, $p < .01$). While such an analysis is post hoc and must be interpreted cautiously, it does suggest that the "waiting list" rationale may affect initial expectancies, but not in the manner that would be tapped by the usual criterion measures (at least the ones we employed). This implies that counselors would be wise to identify with the efficacy and appropriateness of time-limited counseling when they present to clients the basis for their employing that approach. As early as the client's first session, using only a waiting list rationale for time limits appears to stimulate negative expectancies.

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Table 1

Means, Standard Deviations, and F Ratios

for Activity and Responsibility Measures of the

Time-Limited vs. Time-Unlimited Conditions

	Time Limits				
	Time-Limited Treatment (n = 40)		Time-Unlimited Treatment (n = 40)		
Measures	$\bar{X}$	SD	$\bar{X}$	SD	F
lient Responsibility	24.7	4.6	25.4	4.5	.41
lient Activity	23.4	6.8	23.5	7.3	.01
ounselor Activity	26.6	5.9	26.4	5.9	.02

ote: All F's are nonsignificant

Table 2

Means, Standard Deviations, and F Ratios for Relationship and Outcomes Measures of the Two Rationales for Time Limits

	Rationale for Time Limits				
	Waiting List (n = 20)		Effectiveness (n = 20)		
	$\bar{X}$	SD	$\bar{X}$	SD	F
Relationship Variables					
Level or Regard	14.0	14.4	15.9	14.7	.24
Empathic Understanding	9.3	15.9	13.6	15.8	.97
Unconditionality of Regard	1.3	11.1	4.6	13.6	.65
Congruence	11.4	15.5	9.8	15.6	.13
Outcome Variable[a]					
Self-Acceptance	69.1	16.8	6.72	14.6	.14
Effect of Counseling	2.7	1.4	2.0	.9	3.27*
Comfort with Ending	2.5	1.3	2.7	1.6	.30
Length of Counseling	2.6	1.7	2.9	1.2	.29

[a]The lower the score the more positive the expectancies

* = $p < .10$

Table 3

Means, Standard Deviations, and F Ratios

for Relationship and Outcome Measures on the

Time Limits X Chronicity Interaction

	Chronic				Acute				
	Time-Limited (n = 20)		Time-Unlimited (n = 20)		Time-Limited (n = 20)		Time-Unlimited (n = 20)		
Measures	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	F
Relationship Variables									
Level of Regard	8.6	15.6	26.5	9.7	21.4	10.3	23.2	10.9	8.64***
Empathic Understanding	5.8	16.6	19.0	11.6	17.2	13.1	16.5	11.4	5.08**
Unconditionality of Regard	-1.0	10.9	11.3	14.4	6.8	12.9	5.8	11.4	5.31**
Congruence	5.7	19.4	16.9	10.9	15.4	12.4	15.4	12.3	3.39*
Outcome Variables[a]									
Self Acceptance	71.0	14.0	71.6	20.1	65.3	16.8	62.8	11.2	.18
Effect of Counseling	2.9	1.4	2.2	1.2	1.8	.7	2.2	1.4	4.03**
Comfort with Ending	3.1	1.5	3.1	1.6	2.2	1.0	2.2	1.1	.00
Length of Counseling	3.4	1.7	2.6	1.3	2.0	.8	2.2	1.7	3.58*

[a]The lower the score the more positive the expectancies

* = p <.10
** = p <.05
*** = p <.01